



Admissions Application



QUEEN of ANGELS CATHOLIC SCHOOL

11340 Woodstock Road
Roswell, Georgia 30075
tel 770-518-1804 ext.101
fax 770-518-0945
www.qaschool.org

Application for Admission

Date _____

Applicant _____
Last First Middle Preferred

Address _____
Street Subdivision

City County State Zip Code

Home Phone _____ Home E-mail _____

Applicant is a candidate for:

- Kindergarten Grade 1 Grade 2 Grade 3 Grade 4
 Grade 5 Grade 6 Grade 7 Grade 8

Has this student previously applied to Queen of Angels Catholic School? Yes No

Date of Birth _____ / _____ / _____
Month Day Year

Place of Birth _____
City, State, Country

Country of Citizenship _____

Language(s) spoken at home _____

Religious Affiliation _____

If Catholic, Parish _____

Education History

Present School _____

School Address _____
Street City State Zip Code

School Phone _____

Has the applicant ever been before a disciplinary board or suspended from any school? _____

List all previous schools the applicant has attended.

<i>School Name</i>	<i>Grades</i>
_____	_____
_____	_____
_____	_____

Optional Information

If the applicant wishes to be identified with a particular ethnic group, please check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> American Indian, Native Alaskan | <input type="checkbox"/> Multi-racial |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian, Pacific Islander |
| <input type="checkbox"/> Black | <input type="checkbox"/> White |
| <input type="checkbox"/> Hispanic | |

Parent/Guardian Information

Father/Guardian

Name _____
Title First Middle Last Preferred, if different

Address _____
(If different from applicant's) Street

_____ *City State Zip Code*

Home Phone _____ Work Phone _____

Cell Phone _____ Business E-mail _____

Employer _____ Occupation _____

Education _____
School(s) attended, degree(s) received

Mother/Guardian

Name _____
Title First Middle Last Preferred, if different

Address: _____
(If different from applicant's) Street

_____ *City State Zip Code*

Home Phone _____ Work Phone _____

Cell Phone _____ Business E-mail _____

Employer _____ Occupation _____

Education _____
School(s) attended, degree(s) received

Please check all that apply to the applicant.

Parents are:

- married divorced or separated mother deceased father deceased

Applicant resides with:

- both parents mother mother and stepfamily grandparent(s)
 father father and stepfamily guardian

List all children in the family in order of birth.

Name	Sex	Age	Current School	Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please include other information that you think is important for the admission committee and administration to know about your family.

Special Needs/Special Testing

Please check all that apply to the applicant in order for our admissions team to best understand your child's learning style and differences:

- My child has an IEP (Individualized Education Program) or Section 504 Plan.
- My child has a current or recurrent illness.
- My child has been identified as physically challenged.
- My child has been identified as having learning differences.
- My child has been identified as gifted.
- None of these conditions apply.**

My child has had or has been referred for the following testing or evaluations:*

- Psycho-educational testing (by public school, private school or private service)
- Medical conditions such as ADHD, anxiety, depression or other behavioral/emotional concerns
- Autism Spectrum
- Sensory Integration
- Occupational Therapy
- Speech and Language Processing
- Auditory Processing
- Visual Processing
- None of these conditions apply.**

Please describe any special services, tutoring programs or other accommodations that your child is currently receiving or has received in the past.

*Documentation of all testing and evaluations must be included with this application. Discovery of the existence of this information without parental disclosure will affect your child's continued enrollment in our school.

Parent Perspective

Please provide us with your perspective on your child. Describe your child's strength's and abilities, special areas of interest, and concerns. We appreciate your effort in trying to help us know your child better. Please attach an additional page if necessary.

Statement of Accuracy and Authenticity

I have read and understood this application and I further certify that the information and attached documents are complete and accurate to the best of my knowledge. I agree to communicate in writing to Queen of Angels Catholic School any changes contained herein, even if said changes occur after enrollment. I understand that upon discovery of substantial inaccuracy or omission of information requested therein, the school reserves the right to reconsider the admission of this applicant.

Signature of Parent/ Guardian

Date

Signature of Parent/ Guardian

Date

Please attach a recent photo of the applicant.